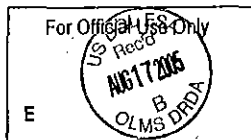


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>18091</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>EDWARD D Rizzo</u> P.O. Box, Bldg., Room No., if any Street <u>46 S Pershing</u> City <u>Mundelein</u> State <u>Illinois</u> ZIP Code + 4 <u>60060-2712</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters local 786</u> Labor Organization File Number <u>004-913</u> P.O. Box, Building and Room Number, if any Street <u>300 South Ashland Suite 501</u> City <u>Chicago Illinois</u> State <u>Illinois</u> ZIP Code + 4 <u>60607</u>
5. Position in labor organization. <u>Recording Secretary / Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Edward D Rizzo

On

8-11-05

Date

847-343-5923

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Leahy + Associates

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 3 Westbrook Corporate Center Suite 540City WestchesterState Illinois ZIP Code + 4 60154

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 11.a. Nature of such dealing.

Insurance Claims ProcessorErisa Funds + Union

## 11.b. Approximate dollar value of such dealing.

\$57,660.00

## 12.a. Nature of interest held or income received.

1 Neck Tie

## 12.b. Amount.

Value Approx. \$3.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing <b>EDWARD Rizzo</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <u>Nathan Trust Bank</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <u>50 South LaSalle Street</u>  City <u>Chicago</u>  State <u>Illinois</u> ZIP Code + 4 <u>60675</u>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
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<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> <u>Investment Bankers</u>   <b>11.b. Approximate dollar value of such dealing.</b> <u>123,868.49</u>  <b>12.a. Nature of interest held or income received.</b> <u>Ringling Bros + Barnum, Bailey Circus</u> <u>Tickets, Parking, Food</u>   <b>12.b. Amount.</b> <u>200.00</u>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <u>123,868.49</u>

Name of Person Filing <b>EDWARD Rizzo</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>Local 786 Building Material Welfare Fund Trustee of Welfare Funds</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <b>300 S Ashland Ave Suite 5000</b>  City <b>Chicago</b>  State <b>Illinois</b> ZIP Code + 4 <b>60607</b>	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <b>11.b. Approximate dollar value of such dealing.</b> _____  <b>12.a. Nature of interest held or income received.</b> <b>attended Conference to Update and maintain Education for fiduciary duties of funds</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <b>12.b. Amount.</b> <span style="float: right;"><b>1,324.78</b></span>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> _____

Name of Person Filing

EDWARD RIZZO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 786 Building Material Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 300 S Ashland Suite 500

City Chicago

State Illinois ZIP Code + 4 60607

11.a. Nature of such dealing.

Trustee of Pension Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended conference to update and maintain Education for fiduciary duties of funds

12.b. Amount.

1,324.78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.